

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40486

 File No. 122
 Registered No. 218
 St. _____ Ward _____

1. PLACE OF DEATH

County CooperRegistration District No. 218

Township _____

Primary Registration District No. 2013City Boonville (No. _____)

St. _____ Ward _____

2. FULL NAME

Emma Elizabeth Muri(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

Jamestown mo
nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFB. F. Muri

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 15th 1868

7. AGE

YEARS

63

MONTHS

5

DAYS

0

If LESS than 1

day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) Oct 30 193111. Total time (years)
spent in this
occupation life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Jamestown mo

FATHER

13. NAME

Jacob. Haldiman14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Switzerland

MOTHER

15. MAIDEN NAME

Mary Ann Roush16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Switzerland17. INFORMANT
(ADDRESS)B. F. Muri
Jamestown mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grace St. Cemetery
Jamestown

DATE

Dec 17 193119. UNDERTAKER
(ADDRESS)Charley Fullbride

20. FILED

Dec 16 1931G. A. Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH

M

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec 15th 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1 1931, to Dec 15 1931I last saw him alive on Dec 15 1931. Death is saidto have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

127B Cholelithiasis
121B + chronic appendicitis
127A

Date of onset

Other contributory causes of importance:

long atherosclerosisName of operation Cholelithotomy Date of Dec 4What test confirmed diagnosis? of water Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) Alvin Hammon

, M. D.

(Address) Boonville, Mo

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